

1997 INT-5

DLN

1998 TAXABLE YEAR — BASED ON THE 1997 CALENDAR YEA	R INCOME PERIOD.	DUE DATE APRIL 15, 1998
FEDERAL ID NUMBER		ADDRESS CORRECTION REQUESTED
NAME		
CITY, STATE, ZIP CODE		COUNTY
PART I		
Gross income derived from all sources during 1997		. \$
2. Gross income derived from notes and mortgages	. \$	
3. Ratio of Line 2 to Line 1	%_	
4. Total of dividends declared and credited (whether paid or not) to	. \$	
5. Taxable portion of dividends (% Line 3 times Line	. \$	
6. Amount of tax for 1998 (2% of Line 5)	. \$	
6a. Miscellaneous credits (attach schedule)	. \$	
6b. Enterprise zone credit	\$	
6c. Missouri tax — Line 6 less Lines 6a and 6b		. \$
7. Delinquency penalty (9% per annum of Line 6c for payment after	April 15, 1998)	. \$
8. Total Amount Due — MAKE CHECK PAYABLE TO "FINANCIAL		. \$
PART II — POLITICAL SUBDIVISIONS TAXING THE REPORTING		
This must be completed — Information shown on your Real or Personal Pr		Not Use
SUBDIVISIONS NAME OR NUMBER	RATE	AMOUNT :
County		
City or Town		
Road District		
School District		
Library District		
Water District		
Sewer District		
Fire District		
Other Districts		
SEND COMPLETED RETURN AND REQUIRED ATTACHMENTS TO: TAX P.O. BOX 898, JEFFERSON CITY, MO 65105-0898. FOR FURTHER INFO PLEASE COMPLETE REVERSE SIDE		

INSTRUCTIONS								
This return is to be filed by all Farmer's Cooperative Cred	dit Associations authoriz	ed to do	business i	in Missouri.				
PART III								
STATE OF MISSOURI								
ss								
COUNTY OF								
We, the undersigned					, as President, ar			
	, as Secretary of _							
Association, a corporation organized under an Act of Congress known as the Farm Credit Act of 1933 with its principal office at, Missouri, each being first duly sworn upon our separate oaths state that the statements made in the above return are true; that the principal business of said Association during 1997 was the extension of agricultural credit to its members; that said Association, by authority of a resolution of its Board of Directors, has elected to absorb and pay these taxes without charging the same to the accounts of its individual members.								
PRESIDENT								
SECRETARY								
NOTARY INFORMATION								
AFFIX SEAL IN THIS BOX	STATE OF			COUNTY OR CITY O	F			
	SWORN TO AND SUBSCRIB	BED BEFOR	RE ME THIS					
			DAY OF ,19					
	MY COMMISSION EXPIRES	NOTARY F		<u> </u>	,19			
AUTHORIZATION/NON-AUTHORIZATION	ATION/NON-AUTHORIZATION							
I authorize the Director of Revenue or his/her delegate to discuss my return and attachments with the preparer or any member of his/her firm. I do NOT authorize the Director of Revenue or his/her delegate to discuss my return and attachments with the preparer or any member of his/her firm.								
PREPARER'S SIGNATURE (OTHER THAN TAXPAYER)					DATE			
PREPARER'S ADDRESS AND ZIP CODE					FEIN			

MO 860-1141 (11-97) DOR-INT-5 (11-97)